

NAME (LAST)	(FIRST)	(M.I.)
HALLORAN,	JOHN	J.

EMPLOYEE NO.	SOCIAL SECURITY NO.
[REDACTED]	[REDACTED]

DATE OF BIRTH			DATE OF APPOINTMENT		
(DAY)	(MONTH)	(YEAR)	(DAY)	(MONTH)	(YEAR)
[REDACTED]	1959		08	April	1985

DATE OF PHOTOGRAPH:



CPD - 62.328 (12/73)

PERSONNEL PHOTOGRAPH/CHICAGO POLICE



RETIREMENT / RESIGNATION SUBMISSION RECEIPT #4502

Tracking No. 4502

Last Nme HALLORAN

Star No. 20453

First Nme JOHN

Employee No.:

Middle Initial J

Unit Assigned No. 610

Employee Position PO AS DETECTIVE

Seniority Date 08-APR-1985

Appointed Date 08-APR-1985

Action Type RETIREMENT

Career Service Date

Effective Date: 16-MAY-2017

Remarks

I acknowledge that my retirement cannot be withdrawn once it's approved: Y

As a member aged 55 to 59 years old, I elect to participate in the retirement health care benefit. I understand my payout for compensatory time will be according to the schedule agreed to by my Union.

Employee Signature

Unit CO/ Supervisor Signature

TIP PER 78 EXIT INTERVIEW REPORT MUST BE COMPLETED BY UNIT

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24 APR 2017 15:06

CHICAGO POLICE
LAW ENFORCEMENT

CITY OF CHICAGO
Department of Human Resources
End of Employment Form
COMPLETE ONLY IF EMPLOYEE IS LEAVING CITY SERVICE

[Print Form](#)

Name (Print) Haward, John J.

Employee Number 15 MAY 17

End of Employment Date

Code Number 9165

Title POA DESCHET

Payroll Number 1180

Department POA

Payroll Number 60638

Zip Code 60638

Home Address ██████████

From 08 Apr 89

Thru 15 May 17

Last Day Worked 15 May 17

Last Day Payroll 103,932

With City ██████████

Salary at time of separation (Year) \$ 103,932

Vacation Pay after Last Day Worked, if any.

From ██████████

Thru ██████████

Tuition reimbursement? Yes

If yes, contact DHR - Finance Administration division.

Name of Immediate Supervisor Conrad BRENDA DERNHAN (312) 747-8380

Telephone Number ██████████

DATE 14 Apr 17

*Reason for Leaving (Check most appropriate reason)

01 Other employment
 02 AWOL
 03 Family responsibilities
 04 Return to school
 05 Military service
 06 Retirement
 07 Marriage
 08 Maternity
 09 Relocation
 10 Supervision
 11 Working Conditions
 12 Promotional opportunity
 13 Compensation
 14 Hours
 15 Leave of Absence-Personal
 16 No reason given
 17 Resignation
 18 Termination For Cause
Other _____

*Items received from employee (please initial)

Keys Pager Lap-Top, PDA Cell Phone BlackBerry
 City I. D Card External Memory (flash drive) Security Card

Current address and phone?

✓ Yes

If no, complete *Change of Address Form* and send it to DHR - RIMS division.

*Additional comments required _____

Title Conrad DERNHAN Phone Number 7-8380

Preparer's Signature ██████████

Employee Signature ██████████

*Departments MUST submit supporting documentation to DHR



Chicago Board of Ethics
740 N. Sedgwick, Ste. 500
Chicago, IL 60654
312-744-9660

NOTICE TO CITY EMPLOYEES OF ETHICS RULES CONCERNING POST-CITY EMPLOYMENT

The Governmental Ethics Ordinance, Chapter 2-156 of the Municipal Code of Chicago, contains post-employment restrictions that apply to all former employees and officials of the City.

For example, as a former employee of the City, you are required to comply with section 2-156-070, entitled "Use or Disclosure of Confidential Information," and section 2-156-100, entitled "Post-Employment Restrictions on Assistance and Representation."

This summary outlines some of the restrictions that apply once you leave City service. To the extent this summary differs from the language of the Ordinance, the language of the Ordinance is controlling.

The post-employment restrictions are:

1. You are permanently prohibited from using or disclosing confidential information gained in the course of, or by reason of, your position with the City.
2. For one (1) year after leaving City service, you cannot, **assist or represent*** any person other than the City in any business transaction involving the City, if you participated personally and substantially in the subject matter of the transaction during City service.

***Assist or represent** involves a wide range of activities. The term has been interpreted to mean: making appearances before City agencies on behalf of others; making telephone contact with City employees and officials on behalf of others; signing or submitting proposals, contracts or other documents to City agencies; making contact with employees or officials on behalf of others; as well as acting as a spokesperson for another, or seeking to communicate and promote the interests of one party to another.

3. You are permanently prohibited from assisting or representing any person other than the City on any contracts over which you exercised **contract management authority*** during your City service.

***Contract management authority** means personal involvement in or direct supervisory responsibility for the formulation or execution of a City contract, including without limitation the preparation of specifications, evaluation of bids or proposals, negotiation of contract terms or supervision of performance.

4. You are permanently prohibited from assisting or representing any person other than the City in any judicial or administrative proceeding involving the City, if during your City service:

- (a) you were counsel of record; or
- (b) you participated personally and substantially in the proceeding.

5. Department heads and non-clerical employees of the Mayor's Office may not, for two (2) years after leaving City service, **lobby** any City department, employee or official.

***Lobby** means acting on behalf of another person, like an employer or client, to influence City decisions. Certain activities are not considered lobbying. Contact the Board of Ethics for more information.

6. Other Executive branch Shakman-exempt employees, and appointed officials; may not, for two (2) years after leaving City service, **lobby** a department or agency in which they served.

7. Please note that these restrictions do not prohibit you from accepting employment with anyone; however, they may restrict what you can do in your new employment.

8. Please also note that there is a **GOVERNMENT TO GOVERNMENT EXCEPTION**: these restrictions do not apply to former City officials or employees who become employed by and act on behalf of another government agency.

9. Please also note that the Board recognizes a "trade-skill exception": the Ordinance's goals are not furthered by prohibiting former City employees from performing trade skills they've developed and acquired, where no specialized knowledge of City-specific standards or regulations is involved.

The Board has applied this to electricians, machinists and opticians, for example. But whether any proposed post-City work falls into this exception is a determination that must be made by the Board of Ethics based on the specific facts.

10. Every City contract must include a provision that requires compliance with Chicago's Governmental Ethics Ordinance. Therefore, if your new employer has an interest in matters involving the City, it is imperative that you and your employer understand what, if any, post-employment restrictions apply to you. **Severe fines, cancellation of contracts, and nullification of regulatory decisions can result from violations of these revolving door restrictions.**

This summary is only an overview intended to help current and former City employees develop a basic understanding of their responsibilities under the Ordinance. For authoritative guidance on specific questions, consultation with the Board of Ethics is recommended. The Board will maintain the confidentiality requirements of the Ordinance. For assistance, call (312) 744-9660.

ACKNOWLEDGMENT BY EMPLOYEE: I hereby acknowledge that:

1. I received a copy of the foregoing "NOTICE TO CITY EMPLOYEES OF CITY ETHICS RULES CONCERNING POST-CITY EMPLOYMENT"; and
2. I understand that I can view and download the complete text of the City's Governmental Ethics Ordinance by accessing the website of the Board of Ethics at www.cityofchicago.org/Ethics/.

Signature: 

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Date: 14 Apr 17

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2089-2091

Zamora, Rebecca A.

From: Pakula, Richard E.
Sent: Wednesday, April 12, 2017 12:34 PM
To: Zamora, Rebecca A.; Curry, Cynthia; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

All are clear confidential side and not relieved of police powers by BIA

From: Zamora, Rebecca A.
Sent: Wednesday, April 12, 2017 10:23 AM
To: Curry, Cynthia; Pakula, Richard E.; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: D - H

15 May 2017

Davis	Kelly	A.	Retirement
Devitt	Michael	J.	Retirement
Doig	Jeffrey	T.	Retirement
Feliciano	Silivia	M.	Retirement
Forbes	Joan	M.	Retirement
Frazier	Michael	L.	Retirement
Garcia	Charles		Retirement
Gentile Jr.	Joseph		Retirement
Gillen	Maureen	H.	Retirement
Gomez	Miguel	A.	Retirement
Gonzalez	Mario	A.	Retirement
Gregoirewatkins	Jocelyn	M.	Retirement
Gushiniere	Lorene	D.	Retirement
Gutierrez	Hiram		Retirement
Haesc	Allison	C.	Retirement
Halloran	John	J.	Retirement
Hankins	Carolyn		Retirement
Harris	Thomas	E.	Retirement
Harris	Ursula	L.	Retirement
Hartmann	Allen	R.	Retirement
Hernandez	Job		Retirement

Zamora, Rebecca A.

From: Remiasz, Meagan M.
Sent: Friday, April 28, 2017 2:42 PM
To: Pakula, Richard E.; Zamora, Rebecca A.; Curry, Cynthia; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

[REDACTED] EXCEPT HALLORAN, JOHN. I am in the process of clearing him through IPRA. As soon as I get a response, I will inform you of the response

Meagan Remiasz
Sergeant
Bureau of Internal Affairs
Records Division
Bell- 5-6327
Pax- 0603
X85008

From: Pakula, Richard E.
Sent: Wednesday, April 12, 2017 12:34 PM
To: Zamora, Rebecca A.; Curry, Cynthia; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

All are clear confidential side and not relieved of police powers by BIA

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Sent: Wednesday, April 12, 2017 10:23 AM
To: Curry, Cynthia; Pakula, Richard E.; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: D - H

15 May 2017

Davis	Kelly	A.	[REDACTED]	Retirement
Devitt	Michael	J.	[REDACTED]	Retirement
Doig	Jeffrey	T.	[REDACTED]	Retirement
Feliciano	Silivia	M.	[REDACTED]	Retirement
Forbes	Joan	M.	[REDACTED]	Retirement
Frazier	Michael	L.	[REDACTED]	Retirement
Garcia	Charles		[REDACTED]	Retirement
Gentile Jr.	Joseph		[REDACTED]	Retirement

Zamora, Rebecca A.

From: Remiasz, Meagan M.
Sent: Friday, May 05, 2017 9:04 AM
To: Pakula, Richard E.; Zamora, Rebecca A.; Curry, Cynthia; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

Halloran is clear BIA Records

Meagan Remiasz
Sergeant
Bureau of Internal Affairs
Records Division
Bell- 5-6327
Pax- 0603
X85008

From: Remiasz, Meagan M.
Sent: Friday, April 28, 2017 2:42 PM
To: Pakula, Richard E.; Zamora, Rebecca A.; Curry, Cynthia; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

ALL CLEAR BIA RECORDS EXCEPT HALLORAN, JOHN. I am in the process of clearing him through IPRA. As soon as I get a response, I will inform you of the response

Meagan Remiasz
Sergeant
Bureau of Internal Affairs
Records Division
Bell- 5-6327
Pax- 0603
X85008

From: Pakula, Richard E.
Sent: Wednesday, April 12, 2017 12:34 PM
To: Zamora, Rebecca A.; Curry, Cynthia; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: RE: D - H

All are clear confidential side and not relieved of police powers by BIA

Employee Name: Halloran, John J. Employee # [REDACTED]

ELECTRONIC PAR - RESIGNATION/RETIREMENT PAR FORM ROUTER/CHECK-OFF LIST

This PAR form router/check-off list is being generated as a guide to be utilized by staff members involved with processing PAR forms. This router is to be attached with every incoming PAR form and each phase of the process is to be completed by the staff member assigned to the tasks listed below:

ACTION	Date	Checked Off By:	Action Not Applicable
Date Printed from CLEAR HR report screen	12 Apr 17	[REDACTED]	
Electronic PAR reviewed			
IAD Notification (e-mail)	12 Apr 17		
IAD Notification Received (e-mail)	5 May 17		
End of Employment form received	24 Apr 17		
Post-Employment Ethics form received	24 Apr 17		
Copy of PAR to Administration	12 Apr 17		
Copy of PAR in Bin (cubicle D1) for Personnel Order	12 Apr 17		
Copy PAR, End of Employment, Ethics form in Bin (cubicle D1) for DHR submittal and processing (and other info if required)	25 Apr 17		
Copy of PAR to Civilian Pension			
Copy of PAR to Sworn Pension			
Resignation/Retirement Processed in CLEAR	16 May 17		
Leave card pulled from leave box			
Electronic PAR and other documents in Bin (Cubicle D1) for Personnel File			
Member submitted Equipment to Inventory Control and Administration			
OTHER MISC.-Please indicate action:			

From: Zamora, Rebecca A.
Sent: Wednesday, April 12, 2017 10:23 AM
To: Curry, Cynthia; Pakula, Richard E.; Remiasz, Meagan M.; Scott, Niya Q.; Frierson, Keshia
Cc: Garcia, Virginia; Jackson, Jermeka J.
Subject: D - H

15 May 2017

Davis	Kelly	A.	Retirement
Devitt	Michael	J.	Retirement
Doig	Jeffrey	T.	Retirement
Feliciano	Silivia	M.	Retirement
Forbes	Joan	M.	Retirement
Frazier	Michael	L.	Retirement
Garcia	Charles		Retirement
Gentile Jr.	Joseph		Retirement
Gillen	Maureen	H.	Retirement
Gomez	Miguel	A.	Retirement
Gonzalez	Mario	A.	Retirement
Gregoirewatkins	Jocelyn	M.	Retirement
Gushiniere	Lorene	D.	Retirement
Gutierrez	Hiram		Retirement
Haese	Allison	C.	Retirement
Halloran	John	J.	Retirement
Hankins	Carolyn		Retirement
Harris	Thomas	E.	Retirement
Harris	Ursula	L.	Retirement
Hartmann	Allen	R.	Retirement
Hernandez	Job		Retirement
Hill	Keith	A.	Retirement
Homan	Debra	J.	Retirement
Hurt	Gina		Retirement

Rebecca Zamora
Administrative Services Officer I
Chicago Police Department
3510 South Michigan Avenue
PAX 0349, BELL 5-5310

Gillen	Maureen	H.		Retirement
Goñez	Miguel	A.		Retirement
Gonzalez	Mario	A.		Retirement
Gregoirewatkins	Jocelyn	M.		Retirement
Gushiniere	Lorene	D.		Retirement
Gutierrez	Hiram			Retirement
Haese	Allison	C.		Retirement
Halloran	John	J.		Retirement
Hankins	Carolyn			Retirement
Harris	Thomas	E.		Retirement
Harris	Ursula	L.		Retirement
Hartmann	Allen	R.		Retirement
Hernandez	Job			Retirement
Hill	Keith	A.		Retirement
Homan	Debba	J.		Retirement
Hurt	Gina			Retirement

[REDACTED]

Rebecca Zamora
 Administrative Services Officer I
 Chicago Police Department
 3510 South Michigan Avenue
 PAX 0349, BELL 5-5310

Hill	Keith	A.	[REDACTED]	Retirement
Homan	Debra	J.	[REDACTED]	Retirement
Hurt	Gina		[REDACTED]	Retirement

Rebecca Zamora
Administrative Services Officer I
Chicago Police Department
3510 South Michigan Avenue
PAX 0349, BELL 5-5310

EMPLOYMENT RECORDS ROUTING SLIP									
ACTION INVOLVED		PREPARE IN QL							
<input type="checkbox"/> NEW HIRE <input type="checkbox"/> TRANSFER TO UNIT <input type="checkbox"/> REHIRE <input checked="" type="checkbox"/> PROB. AT. POLICE OFFICER <input type="checkbox"/> SPECIAL POLICE		PLICATE: BLUE COPY TO FINANCE DIVISION PINK COPY TO FINANCE DIVISION GREEN COPY TO F.B.I. - IDENTIFICATION SECTION WHITE COPY TO CPD IDENTIFICATION SECTION							
NAME (LAST - FIRST - M.I.) HALLMAN, John J.		MAIDEN NAME		EMPLOYEE NO.					
REINSTATEMENT									
<input type="checkbox"/> CIVIL SERVICE <input type="checkbox"/> MILITARY LEAVE <input type="checkbox"/> LEAVE OF ABSENCE <input type="checkbox"/> DISABILITY PENSION		<input type="checkbox"/> MARITAL STATUS M		<input type="checkbox"/> ZIP CODE 60614		<input type="checkbox"/> RES. DIST. UNIT			
BIRTHDATE (MO.-DAY-YR.) 9/6/1959		PLACE OF BIRTH EVERGREEN PARK, IL		SEX M		RACE (X) D			
<input type="checkbox"/> TITLE CODE 9161		<input type="checkbox"/> POSITION TITLE Prob. Police Officer		<input type="checkbox"/> C.S. STATUS STEP		<input type="checkbox"/> GRADE STEP			
BUDGET		ACTIVITY		SECTION		PAGE		BUDGET RATE	
								FED. TAX EXEMPT: STATE EXEMPT MARRIED SINGLE	
								CHARITY AMT.	
DID YOU EVER WORK IN THE CITY SERVICE? IF YES, WHAT POSITION DID YOU HOLD? <input type="checkbox"/> YES <input type="checkbox"/> NO									
PRINTS ON FILE									
COMMENTS									
ACTION INITIATED BY		DATE		EMPLOYMENT SECTION APPROVAL		DATE			
				CHICAGO POLICE DEPARTMENT FINANCE DIVISION		DEC 13 1984 CLEAR DEC 29 WARRANT DEC 29 CHECKED BY DEC 29 APPROVED BY DEC 29			
IDENTIFICATION CLEARANCE		FINGERPRINTED LOCAL & F. B. I. AT IDENT. SECT. ON DEC 29 RECORD INDICATED BY APPLICANT DEC 29 RECORD ATTACHED BY APPLICANT DEC 29							
NAME CHECK - RECORDS SECTION		SIGNATURE OF PERSONNEL DEPARTMENT CHICAGO POLICE DEPARTMENT APPROVED BY DEC 29							
A rest - name check only <input type="checkbox"/> NO RECORD RECORD INDICATED BY APPLICANT		APPROVED BY DEC 29 DATE DEC 29 CHECKED BY DEC 29 DATE DEC 29							
RECORD ATTACHED DEC 14 1984 DATE DEC 14 1984		APPROVED BY DEC 14 1984 DATE DEC 14 1984							
SIGNATURE OF PERSON EXAMINING FILE DEC 14 1984									



City of Chicago
Employee Change of Address Form

Department Police Bureau ABVE
Name HALLIGAN, JOHN ✓
Position title DETECTIVE
Social Security number [REDACTED]

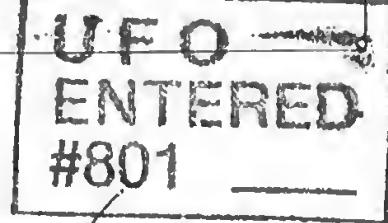
I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60638
New Address [REDACTED] Zip Code 60638
Effective Date 26 Sep 91
New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.



Signed [REDACTED]

Date 16 Sep 91

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.



City of Chicago
Employee Change of Address Form

Department Police Bureau Detective Div.

Name HALLIGAN, Tom J.

Position title Detective

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address [REDACTED] Zip Code 60616

New Address [REDACTED] Zip Code 60638

Effective Date 18 Apr 91

New Phone Number [REDACTED]

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand both the front and reverse sides of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

100-
4477820
#801

Signed [REDACTED]

Date 18 Apr 91

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(see reverse side)

PER - 72 (Rev. 1/84)



**City of Chicago
Employee Change of Address Form**

Department

CHICAGO POLICE

Bureau

OPERATIONAL SERVICES

Name

HALLORAN, JOHN J.

Position title

POLICE OFFICER

Social Security number

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address

Zip Code 60616

New Address

Zip Code 60638

Effective Date

10 Nov 87

New Phone Number

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

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Signed

Date

10 Nov 87

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel.

(see reverse side)

PER - 72 (Rev. 1/84)



City of Chicago
Employee Residency Affidavit

(12)

Department CHICAGO POLICE Bureau 044

Name WALLORAN, JOHN J.

Position title PROBATIONARY POLICE OFFICER

Social Security number [REDACTED]

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

My address is: [REDACTED]

CHICAGO, ILLINOIS zip code 60616

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

Signed [REDACTED]

Date 8 APR 85

Complete and sign two copies.
First copy to department file.
Second copy to Department of Personnel.



City of Chicago
Employee Change of Address Form

Department

CHICAGO POLICE

Bureau

OPERATIONS

Name

HALLOREN, JOHN J.

Position title

POLICE OFFICER

Social Security number

I understand and acknowledge that as a condition of employment with the City of Chicago I must be an actual resident of the City of Chicago.

Old Address

Zip Code

60616

New Address

Zip Code

60616

Effective Date

16 APR 86

New Phone Number

I understand that the falsification of this statement of address shall constitute grounds for discharge from the City Service.

I understand and acknowledge that I must report any change of address immediately to my department head and to the Department of Personnel and that failure to provide such notification shall constitute grounds for discharge from the City Service.

By signing this residency affidavit, I acknowledge and represent that I have fully read and understand **both the front and reverse sides** of this residency affidavit, and further certify that the information which I have provided herein is true and correct.

UFO
ENTERED
#803
Signed

Date

16 APR 86

Complete and sign two copies.
First copy to departmental file.
Second copy to Department of Personnel

Personnel Division
Personnel Investigations

7 Sept. 1983

To: Commander, Personnel Investigations.

From: Det. W. R. Wojciechowski #8797-123.

Subject: Background investigation of John J. HALLOUIN, Jr.
[REDACTED] Chicago Illinois, 60616. Phone [REDACTED]
Soc. Sec: Mum. [REDACTED] Exam #00010, 15 May, 1981,
for the position of Police Officer. Unit case #83-F-180.

Revised [REDACTED]



W. R. Wojciechowski #8797-123

Personnel Division
Personnel Investigations

22 Dec. 1984

To: Commander, Personnel Investigations.
From: Det. W. R. Wojciechowski #8797-123.
Subject: Update, background investigation of:
John J. HALLORAN of [REDACTED] Chicago Illinois,
60616. Phone [REDACTED] Exam 00010. Unit case
#83-P-180.

Det. W. R. Wociechowski 8/9/123



DEPARTMENT OF POLICE * CITY OF CHICAGO
3510 SOUTH MICHIGAN AVENUE * CHICAGO, ILLINOIS 60653

SWORN
ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT

TO: COMMANDER, PERSONNEL DIVISION

FROM: NAME: Halloran, John J.

RANK/TITLE: DETECTIVE

PC NUMBER: [REDACTED]

EMPLOYEE NUMBER: [REDACTED]

SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOG-IN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: [REDACTED]

DATE: 17 Feb 07

WITNESS' SIGNATURE: [REDACTED]

DATE: 17 Feb 07

SWORN FIRST AMENDMENT JUDGEMENT AFFIDAVIT
CHICAGO POLICE DEPARTMENT/PERSONNEL DIVISION

TO: **COMMANDER OF POLICE PERSONNEL**

FROM: **NAME:** Halloran, John V.

TITLE: DETECTIVE

SOCIAL SECURITY NO: 

SUBJECT: **RECEIPT OF FIRST AMENDMENT JUDGEMENT**

**I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY
OF THE UNITED STATES DISTRICT COURT FIRST AMENDMENT
JUDGEMENT.**

SIGNATURE: 

DATE: 25 Jan 03

SWORN ELECTRONIC SIGNATURE VERIFICATION AFFIDAVIT
CHICAGO POLICE DEPARTMENT / PERSONNEL DIVISION

TO: COMMANDER OF POLICE PERSONNEL
FROM: NAME: JOHN J. HALLORAN
TITLE: Detective
EMPLOYEE NUMBER: XXXXXXXXXX
SUBJECT: VERIFICATION OF SECURE ELECTRONIC SIGNATURE

I HEREBY ACKNOWLEDGE THAT THE CHICAGO POLICE DEPARTMENT HAS ASSIGNED TO ME A UNIQUE COMPUTER SYSTEM IDENTIFIER, KNOWN AS A "PC LOGIN IDENTIFIER." I ACKNOWLEDGE THAT IT IS MY DUTY TO RETAIN CONTROL OF AND MAINTAIN THE SECRECY OF THE PASSWORD WHICH I HAVE CREATED FOR USE IN CONNECTION WITH MY PC LOG-IN IDENTIFIER. I FURTHER ACKNOWLEDGE THAT MY PC LOG-IN IDENTIFIER, AS VERIFIED BY MY PASSWORD, SHALL ACT AS MY ELECTRONIC SIGNATURE AND SHALL HAVE THE FULL LAWFUL EFFECT AS THAT OF MY WRITTEN SIGNATURE.

SIGNATURE: XXXXXXXXXX

DATE: 24 Jan 05

WITNESS SIGNATURE: XXXXXXXXXX

DATE: 24 Jan 05

City of Chicago
Department of Personnel
Room 1100 — City Hall
121 N. LaSalle Street
Chicago, Illinois 60602

PERSONNEL DATA FORM

PLEASE PRINT • PRESS FIRMLY

FOR OFFICE USE:

SOCIAL SECURITY NUMBER [REDACTED]	BIRTHDATE [REDACTED]	MALE [REDACTED]
WORK PHONE [REDACTED]	DRIVER'S LICENSE NUMBER [REDACTED]	FEMALE [REDACTED]
M.I. First Last		

WHITE DEPARTMENT OF PERSONNEL COPY YELLOW HIRING DEPARTMENT COPY
AN EQUAL OPPORTUNITY—AFFIRMATIVE ACTION EMPLOYER
POLICIES AND PROCEDURES

Signature

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS and FIREMEN COMPENSATION ACT," I hereby designate the following as beneficiary, or beneficiaries, in the event that the \$50,000.00 benefits are payable by reason of my death in the line of duty.

Complete name and address of each beneficiary	Relationship, if any	Cash amount or percentage shares
--	-------------------------	-------------------------------------

[REDACTED]

Print Name (first, middle, last):

JOHN JOSEPH HALLOREN JR.

Address

CHICAGO, IL 60638

Date of Birth

1859

Social Security Number

Place of Employment under the Act

CHICAGO POLICE DEPT

Address

1121 S. STATE

Signature of Witness:

[REDACTED]

Address of Witness:

1121 S. STATE

Signature of Person Designating Benefits:

[REDACTED]

Date: 4 AUG-88

TO: Attorney General of Illinois
Room 300 - 188 W. Randolph St.
Chicago, Illinois 60601

60

DESIGNATION OF BENEFICIARY

In accordance with the provisions of the "LAW ENFORCEMENT OFFICERS, CIVIL DEFENSE WORKERS, CIVIL AIR PATROL MEMBERS, PARAMEDICS AND FIREMEN COMPENSATION ACT," I hereby designate the following as beneficiary or beneficiaries, in the event that the \$50,000 benefits are payable by reason of my death in the line of duty:

Complete Name & Address
of Each Beneficiary

Relationship,
if any

% Share

A large black rectangular redaction box covers the top portion of the page. Below this box, there are three horizontal lines spaced evenly apart, intended for handwritten text.

Print Name JOHN J. HALLOREN
(first) (middle) (last)

Address: CHICAGO ILL. 60616

Place of Employment under the Act: Chicago Police Department

Address: 1121 South State St. Chicago, Illinois 60605

Page 1 of 1

(Signature of Witness)

10

(Signature of Person Designating Benefits)

(Signature of Witness) _____ (Signature of Person Designating Benefits)
[Redacted]
[Redacted]
(Address of Witness) _____ (Date) _____
8 APR 85

STATE OF ILLINOIS,)

Court of Cook,

I, STANLEY T. MERRER, JR., County Clerk of the County of Cook, ... the State
aforesaid, and Keeper of the Records and Files of said County, do hereby certify that the
attached is a true and correct copy of the original Record on file, all of which appears from:
the records and files in my office.

IN WITNESS WHEREOF, I have hereunto set my hand and



UFO
ENTERED
#808

STATE OF ILLINOIS
County of Cook
CITY OF CHICAGO

STAR
17389

I, John J. Halloran (PRINT)
having been appointed to the

office of Police Officer,
do solemnly swear that I will support the Constitution of the United States, and the Constitution of the
State of Illinois, and that I will faithfully discharge the duties of the office of such, according to the
best of my ability.

Subscribed and sworn to before me, this

21 day of June 1985.

ADDRESS

(PRINT)

CHICAGO, IL 60614

NOTARY PUBLIC

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

610

JOB TITLE

9165

DATE

2 AUG 01

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

Halloran, John

STAR/BADGE NO.

20453

EMPLOYEE NO.

SOCIAL SECURITY NO.

PRIMARY EMERGENCY NOTIFICATION

CPD-62.343 (REV. 9/00)

EMERGENCY NOTIFICATION UPDATE
CHICAGO POLICE DEPARTMENT

UNIT OF ASSIGNMENT

610

JOB TITLE

9165

DATE

5 Nov 88

INSTRUCTIONS: PLEASE TYPE OR PRINT

MEMBER'S NAME (LAST - FIRST - M.I.)

Halloran, John

STAR/BADGE NO.

20453

EMPLOYEE NO.

SOCIAL SECURITY NO.

PRIMARY EMERGENCY NOTIFICATION

CPD-62.343 (8/98)

NAME
HALLORAN, JOHN JOSEPH

HOME PHONE

CHICAGO

59

PERSONNEL ACTION REQUEST

CHICAGO POLICE DEPARTMENT

MEMBER TO BE AFFECTED (LAST NAME-FIRST M.I.)

HALL, ORAN D. 10448
EFFECTIVE DATE 30 JUN 88
JOB TITLE 9161

STATION/BRANCH NO

12429

TODAY'S DATE

14-JUN-88

ASSIGNED

716

ROUTING
PERSONNEL DIV.
USE ONLY

EMPLOYMENT	RECORDS
CLASS & PAY	
BONDS & INSUR.	JACKET FILE
TERMINAL OPERATIONS	MEDICAL

TYPE OF ACTION

CHECK TYPE OF ACTION HERE
(DO NOT CHECK MORE THAN ONE)

EXCUSED WITHOUT PAY-DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE, CIRCUMSTANCES AND C.R. NO.

UNIT C.D.

EXCUSED WITHOUT PAY-NON-DISCIPLINARY

GIVE DATE ACTION IS EFFECTIVE AND CIRCUMSTANCES

UNIT C.O.

LEAVE, DISABILITY PENSION (DUTY RELATED)

ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER,
CHIEF POLICE SURGEON

LEAVE, DISABILITY PENSION (NON-DUTY RELATED)

ATTACH MEDICAL REPORTS (COMPLETE REVERSE SIDE)

MEMBER,
CHIEF POLICE SURGEON

LEAVE, MILITARY (ANNUAL ENCAPMPT-14 DAYS MAX.)

GIVE DATES ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, MILITARY-WITHOUT PAY

GIVE DATES, ATTACH COPY OF OFFICIAL ORDERS (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (29 DAYS AND UNDER)

GIVE REASON AND RETURN DATE (COMPLETE REVERSE SIDE)

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

LEAVE, OTHER (30 DAYS AND OVER)

GIVE REASON & LENGTH OF LEAVE REQUESTED (COMPLETE REVERSE SIDE). ATTACH PER-73, CITY REQUEST FOR LEAVE, AND PER 78, EXIT INTERVIEW REPORT

MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT - B.A.S.

LEAVE, EXTENSION OF

GIVE DATES & REASON (COMPLETE REVERSE SIDE). ATTACH PER-73, CITY REQUEST FOR LEAVE

MEMBER

MARRIAGE LEAVE

GIVE DATES REQUESTED FOR LEAVE, DATE OF CEREMONY & SPOUSE'S NAME

MEMBER, UNIT C.O.

NAME CHANGE

GIVE NEW NAME IF OTHER THAN MARRIAGE, ATTACH VERIFICATION

MEMBER, UNIT C.O.

RESIGNATION TO ACCEPT RETIREMENT PENSION

DATE OF RESIGNATION
ATTACH PER-78, EXIT INTERVIEW REPORT.
AS SOON AS RESIGNATION IS ACTED ON BY THE COMMANDING OFFICER, THE COMMANDING OFFICER WILL NOTIFY THE INTERNAL AFFAIRS & PAYROLL/FINANCE DIV. BY PAXPHONE

MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.,
MEMBER, UNIT C.O.,
AREA CHIEF OR DIVISION C.O.

RESIGNATION

GIVE DATE AND REASON

MEMBER

RECOGNIZED OPENING BID

COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW

MEMBER

RECOGNIZED VACANCY BID

COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW

MEMBER

TRANSFER REQUEST

COMPLETE PERSONNEL TRANSFER & ASSIGNMENT SECTION BELOW

MEMBER, UNIT C.O., AREA CHIEF OR DIVISION C.O., DEP. SUPT

REMARKS SECTION

DATES REQUESTED FOR LEAVE: 30, 31 JUN, 1 JUL 88.

PERSONNEL TRANSFER & ASSIGNMENT SECTION					
UNIT OF ASSIGNMENT REQUESTED	HOME ADDRESS	HOME TELEPHONE NO	SENIORITY DATE	TITLE CODE	GRADE
DATE ASSIGNED TO PRESENT UNIT	DATE OF BIRTH	<input type="checkbox"/> UNIT NOTICE OF RECOGNIZED OPENING NO : <input type="checkbox"/> RECOGNIZED VACANCY LISTING TELETYPE MESSAGE NO : SIGNATURE <input type="checkbox"/> AREA APPROVAL <input type="checkbox"/> DISAPPROVAL <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL ADMINISTRATIVE SERVICES USE ONLY <input checked="" type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVAL			
SIGNATURE					
<input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> DISAPPROVAL					
COMMENTS	MEMBER NOTIFIED OF LEAVE RETURN POLICY				
					A.D. CLEARANCE AS OF:

4-8-85

AFFIDAVIT

TO: Director of Personnel

FROM: Name JOHN J. KALLORAN
Title Probationary Police Officer

Social Security No. [REDACTED]

SUBJECT: Receipt of First Amendment Judgment

I hereby acknowledge that I have received a copy of General Order 82-10
regarding the United States District Court First Amendment Judgment.

Signed: [REDACTED]

Date: 123 087-85

RETURN THIS AFFIDAVIT TO THE PERSONNEL DIVISION, ROOM 803, 1121 S. STATE,
FOR PLACEMENT IN MEMBER'S PERSONNEL FILE.

25 November 1986

PERSONNEL ORDER NO. 86-329

A DEPARTMENT COMMENDATION is hereby awarded to:

Sergeant	THEODORE RAAB	Star 980 011 District
Police Officer	CHESTER DZIERZYNSKI	Star 13159 011 District
Police Officer	CHARLES ELMER	Star 17681 011 District
Police Officer	JOHN HALLORAN	Star 17429 011 District
Police Officer	MICHAEL HUGHES	Star 11919 011 District
Police Officer	MICHAEL MEALER	Star 4760 011 District
Police Officer	MICHAEL SOBON	Star 17348 011 District
Police Officer	CHARLES MORGAN	Star 13953 011 District

for their coordinated and effective actions.

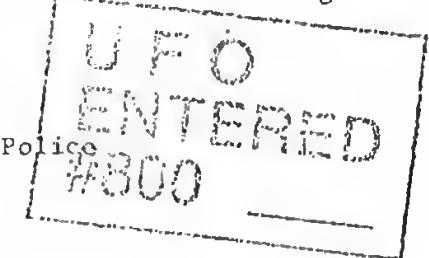
Sergeant Raab was stopped by a citizen and informed that his cousin and a girlfriend, who were wanted for questioning regarding a homicide in Gary, Indiana were hiding in a basement apartment at 4038 West Wilcox Street. The sergeant obtained a description of the two individuals, requested back-up units, and positioned the officers to cover all possible escape routes.

Officers Halloran and Mealer, along with Sergeant Raab, conducted a search of the basement and located the wanted female. A short time later Officers Hughes and Dzierzynski observed the wanted man walking at 4037 West Monroe Street. A violent struggle ensued and this individual made good his escape. The surrounding area was cordoned off and a systematic search was conducted.

A short time later this individual was found hiding in a vacant lot at 3927 West Monroe Street by Officers Hughes and Elmer. Once more a violent struggle ensued. With the assistance of Officers Dzierzynski, Sobon, and Morgan the offender was subdued and handcuffed. Both arrestees were turned over to Indiana authorities for prosecution of Murder charges.

Authenticated: [REDACTED]

Fred Rice
Superintendent of Police



DISTRIBUTION: A. To personnel concerned. To be read at roll calls where personnel affected are assigned.

PERSONAL HISTORY QUESTIONNAIRE

CHICAGO POLICE DEPARTMENT

3. NAME (LAST - FIRST - M.I.)

(PRINT)

HALLORAN, JOHN J.

1. POSITION APPLIED FOR

 POLICE OFFICER

OTHER - SPEC

4. MAIDEN NAME (if appl.)

5. HOME PHONE

2. DATE

December 7, 1982

6. BUSINESS PHONE

7. HOME ADDRESS (STREET NO. & APT.)

PT. NO. (COUNTY)

COOK

(CITY & STATE, ZIP CODE)

8. SOCIAL SECURITY NO.

CHICAGO, IL. 60616

INSTRUCTIONS

IT IS IMPORTANT TO READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS QUESTIONNAIRE.

You must be complete and truthful in all your answers. All answers that you give in this application are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate. All information will be considered strictly confidential and will not be disclosed to any unauthorized person.

In this questionnaire, a number of items ask for simple "yes" and "no" answers and do not require any explanation. However, if you wish to explain your answers, use the continuation section. Before each explanation write the reference number of the item. Use this section in the same manner, if your answers need more space than provided.

Do not leave any question blank. If a question does not apply to you, write "NA" (abbreviation for "Not Applicable"). Your answers must be legible.

RIGHT TO APPEAL

If the Chicago Police Department finds you to be "not qualified," this finding will be forwarded to the Department of Personnel.

After the Department of Personnel receives the finding that you are to be found "not qualified," the Department will send to you by mail a form that asks whether you desire a hearing. If you wish a hearing, check the appropriate box and mail the form back to the Chicago Department of Personnel. If you do not mail the form to the Department within ten days, no hearing will be held and the Chicago Police Department recommendation that you are "not qualified" will be accepted by the Department of Personnel.

If you desire a hearing, you may be represented by counsel at such hearing. Any hearing before the Department will be conducted in accordance with the Rules of the Department of Personnel.

I understand that all of the appeal procedures are available to all candidates and that additional opportunities will be made available to provide clarification of the items on the questionnaire.

I have read and I understand all of the above instructions applying to this (police officer) preinterview questionnaire.

9. SIGNATURE

DATE

10. LIST ANY OTHER NAMES, ALIASES NAME USED, OR BEEN KNOWN BY

NA

11. MVR'S LICENSE NO. / EXPIRATION DATE

10-3-85

12. BIRTH DATE (Day Mo. Yr.) & PLACE OF BIRTH (City & State or Country) | 13. Sex | 14. Age | 15. Height | 16. Wgt. | 17. Color Eyes | 18. Color Hair

1991 EVERGREEN, WA

13. Sex | 14. Age |

15. Height |

16. Wgt. |

17. Color Eyes |

18. Color Hair

2 23

6'

165

Blue

Black

CONTINUATION SECTION

Indicate in the left hand column the number of the question you are answering, then complete your answer in the space provided.

QUESTION
NO.

CONTINUATION OF ANSWER

SIGNATURE

DATE

TO WHOM IT MAY CONCERN:

I respectfully request that you forward to the Chicago Police Department any and all information that you may have concerning me, my work record, or my reputation. Also, please give any information that may appear in my personnel file. This information is to be used to determine my qualifications and fitness for the position I am seeking with the Chicago Police Department.

I hereby release you and/or your employer from any liability and damage of whatsoever nature on account of furnishing the information requested above.

NAME PRINTED

John Joseph Malozem

SIGNATURE

DATE December 7, 1982